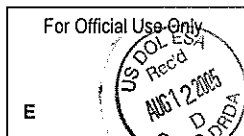


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5445</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Cliff J Distler</u> P.O. Box, Bldg., Room No., if any Street <u>29 Wrana Street</u> City <u>Medford</u> State <u>New York</u> ZIP Code + 4 <u>11763</u>	4. Name, file number, and address of labor organization. Name <u>Bakery Drivers & Bakery Goods Vending Machines</u> Labor Organization File Number <u>022-889</u> P.O. Box, Building and Room Number, if any Street <u>6 Tuxedo Avenue</u> City <u>New Hyde Park</u> State <u>New York</u> ZIP Code + 4 <u>11040</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Cliff J Distler</u>	On <u>8/11/05</u> Date	<u>516-747-0696</u> Telephone Number

Name of Person Filing Cliff Distler	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Bakery Drivers Local 550 & Industry Health</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6 Tuxedo Avenue</p> <p>City New Hyde Park</p> <p>State New York ZIP Code + 4 11040</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Union officials serve as trustees on the Fund and the Union negotiates contributions paid to the Fund by contributing employers.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Expenses paid to and on his behalf by the Fund while attending employee benefits educational conferences and trustee and Fund related meetings.</p> <p>12.b. Amount. \$5,071</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p><input type="checkbox"/></p>

Name of Person Filing **Cliff Distler**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **Group Health Insurance Incorporated**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **441 9th Avenue**City **New York**State **New York**ZIP Code + 4 **10001****10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **Bakery Drivers Local 550 & Industry Health**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **6 Tuxedo Avenue**City **New Hyde Park**State **New York**ZIP Code + 4 **11040****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**11.a. Nature of such dealing.****Provide hospital, medical and dental coverage to eligible participants of the Fund.****11.b. Approximate dollar value of such dealing.****\$5,850,000****12.a. Nature of interest held or income received.****Golf outing, dinner and informational meeting.
(Value: unknown)****12.b. Amount.**

Name of Person Filing **Cliff Distler**

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **Segal Advisors**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **One Park Avenue**City **New York**State **New York** ZIP Code + 4 **10016****9. Business deals with:**☐ a. Labor Organization☐ b. Trust☒ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

None

11.b. Approximate dollar value of such dealing.**12.a. Nature of interest held or income received.**

Recreation and dinner at Employee Benefits
Educational conference. Amount below is estimated.

12.b. Amount.**\$250**

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **The Segal Company**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **One Park Avenue**City **New York**State **New York** ZIP Code + 4 **10016****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **Bakery Drivers Local 550 Funds**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **6 Tuxedo Avenue**City **New Hyde Park**State **New York** ZIP Code + 4 **11040****11.a. Nature of such dealing.****Health benefits and pension consultant to the Funds****11.b. Approximate dollar value of such dealing.****\$95,000****12.a. Nature of interest held or income received.****Drinks & snacks after trustee meeting.****12.b. Amount.****\$40**